ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 145

Registered No. 357

1. PLACE OF BIRTH

County Maricopa State Arizona

Township or Village

City Phoenix No. 534 E. Gold Alley St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Olva Garza [If child is not yet named, make supplemental report, as directed]

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 4th 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Sabas G Garza	18. Full maiden name Leona Murrietta
10. Residence (usual place of abode) (If non resident, give place and State) 534 E. Gold Alley	19. Residence (usual place of abode) (If non-resident, give place and State) 534 E. Gold Alley
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 48 (Years)	21. Age at last birthday 40 (Years)
13. Birthplace (city or place) (State or country) Mexico	22. Birthplace (city or place) (State or country) Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..... 19..	25. Date (month and year) last engaged in this work ..... 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 3 (c) Stillborn

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... Before labor ..... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 A.M. (Born alive or stillborn) on the date above stated

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

(Signed) W. C. Hackett M. D.

or ..... Midwife

Address 316 E. Washington St

Filed 2-17 1933 L M Allen Registrar.

Given name added from a supplemental report ..... (Date of)

571-204-341 Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD